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NOV - 9 2007

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

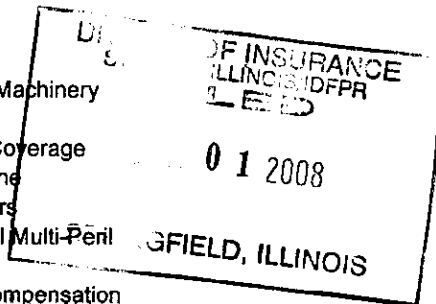
Illinois

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 06/01/2008.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	111,033,874	+ 0.2 %
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) See Filing Memorandum;  
(Adopt 1/1/08 Advisory Rates)

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

ACE AMERICAN INSURANCE COMPANY

Name of Company

Steve Kreider - WC Associate Product Manager

Official - Title

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NOV - 9 2007

IDFPR (MPC)  
DIVISION OF INSURANCE

Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2008.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	899,986	+ 0.2 %
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) See Filing Memorandum;  
(Adopt 1/1/08 Advisory Rates)

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

ACE FIRE UNDERWRITERS INSURANCE COMPANY

Name of Company

Steve Kreider - WC Associate Product Manager

Official -- Title

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IDPR (MPC)  
DIVISION OF INSURANCE

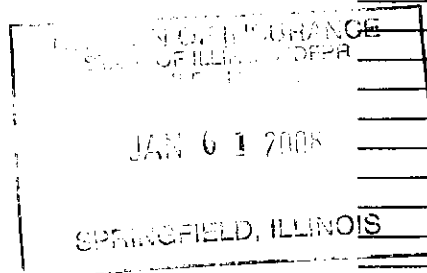
Illinois

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2008.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	45,286,958	+ 5.5 %
16. Other		
Line of Insurance		



Does filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adopt 1/1/08 Advisory Rates  
and change ACE Property and Casualty Insurance Company's Deviation from -5% to 0%

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

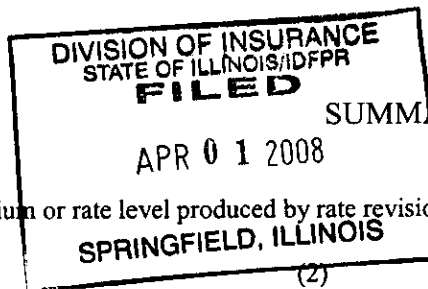
ACE PROPERTY & CASUALTY INSURANCE COMPANY

Name of Company

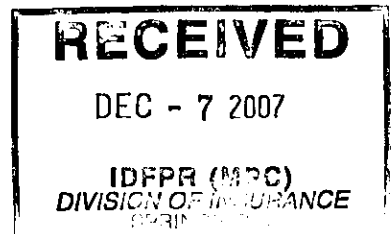
Steve Kreider - WC Associate Product Manager

Official - Title

Form (RF-3)



SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision effective April 1, 2008

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u>	\$1,156,467	+9.2%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

na

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting NCCI's advisory rates, loss costs, and rating values, circular IL-2007-08

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

All America Ins Co

Name of Company

(Mrs.) Petrise Meyer  
Sr Rates and Forms Analyst  
Official - Title

H29219D

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 1/1/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$199,369	+3.07%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting the NCCI  
1/1/2008 Loss Cost filing with our existing company LCM of 1.30

\*Adjusted to reflect all prior rate changes.

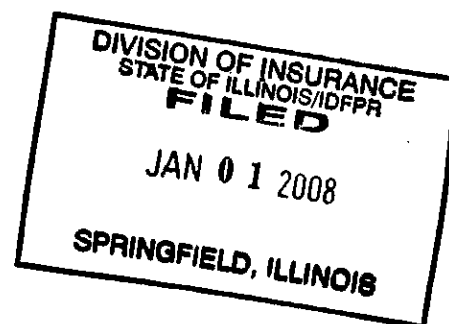
\*\*Change in Company's premium level which will result from application of new rates.

American Compensation Insurance Company

Name of Company

Wendy J. Book, Corporate Compliance Manager

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$3,397,461	+1.6%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: We wish to maintain the maximum minimum premium of \$500 for Class 9101.

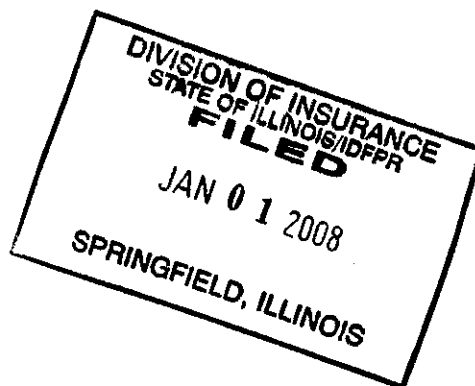
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt NCCI's 1/1/08 loss costs.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Argonaut Great Central Insurance Company  
Name of Company

Jamie Schimmelpfenning - Regulatory Analyst  
Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$2,122,257	+4.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: We wish to maintain the maximum minimum premium of \$500 for Class 9101.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt NCCI's 1/1/08 rates and rating values, including experience rating plan and retrospective rating plan values. We are not making any change to our currently filed +15% deviation to all class codes.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Argonaut Insurance Company  
Name of Company

Jamie Schimmelpfenning - Regulatory Analyst  
Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$900,641	+4.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: We wish to maintain the maximum minimum premium of \$500 for Class 9101.

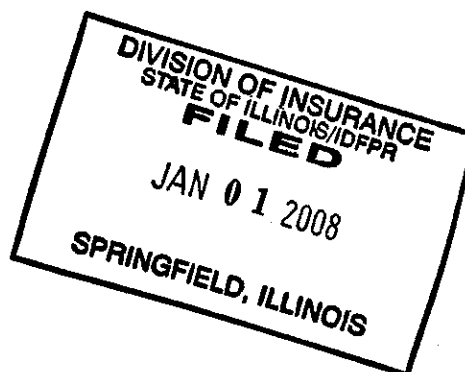
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt NCCI's 1/1/08 rates and rating values, including experience rating plan and retrospective rating plan values. We are not making any change to our currently filed -10% deviation to all class codes.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Argonaut-Midwest Insurance Company  
Name of Company

Jamie Schimmelpfenning - Regulatory Analyst  
Official - Title





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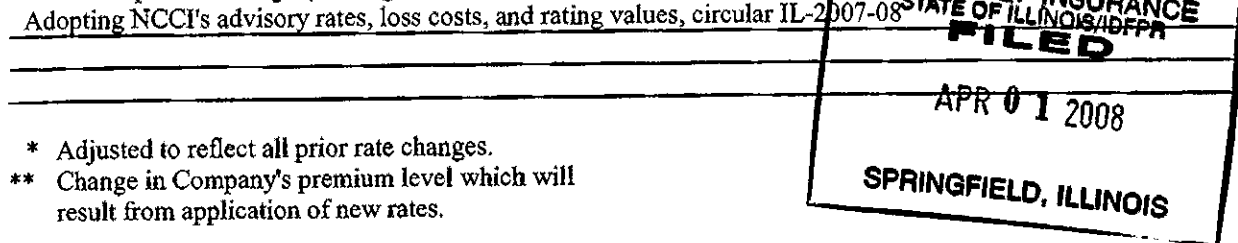
Form (RF-3)

## SUMMARY SHEET

IDFPR (MFC)  
DIVISION OF INSURANCE  
SPRINGFIELDChange in Company's premium or rate level produced by rate revision effective April 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp</u>	<u>\$8,591,714</u>	<u>+9.2%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

naBrief description of filing. (If filing follows rates of an advisory organization, specify.)  
Adopting NCCI's advisory rates, loss costs, and rating values, circular IL-2007-08

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Central Mutual Ins Co

Name of Company

(Mrs.) Petrise Meyer  
Sr Rates and Forms Analyst  
Official - Title

H29219D

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 03/01/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$61,303,111.	+4.50%

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: All classes and codes are affected.

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NNCCI's rates effective 3/1/08. Please reference NCCI circulars IL-2007-08, IL-2007-07 and IL-2007-05.

\*Adjusted to reflect all prior rate changes.

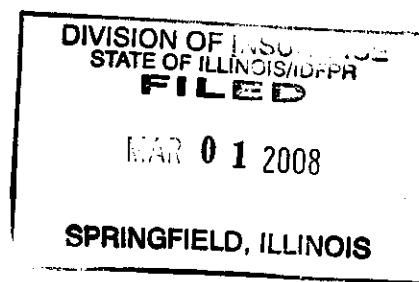
\*\*Change in Company's premium level which will result from application of new rates.

The Cincinnati Casualty Company

Name of Company

Connie Petertonjes - Analyst

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 03/01/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$8,342,551.	+4.30%

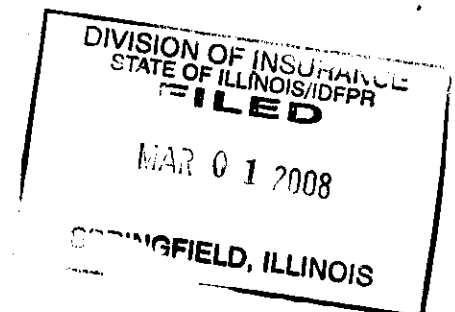
 Does filing only apply to certain territory (territories) or certain classes? If so, specify: All classes and codes are affected.

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 3/1/08. Please reference NCCI circulars IL-2007-08, IL-2007-07 and IL-2007-05.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

The Cincinnati Indemnity Company  
 Name of Company

Connie Peteronjes - Analyst  
 Official - Title


# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 03/01/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$11,113,903.	+5.00%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: All classes and codes are affected.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting NCCI's rates effective 3/1/08. Please reference NCCI circulars IL-2007-08, IL-2007-07 and IL-2007-05.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

The Cincinnati Insurance Company

Name of Company

Connie Peteronjes - Analyst

Official - Title



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NOV 30 2007

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate  
revision effective 1/1/08

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u>	<u>256,176</u>	<u>9.6%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: \_\_\_\_\_Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): The purpose of this filing is to adopt  
NCCI's 1/1/2008 Loss Costs, as well as to increase our loss cost multiplier by  
2.2%\* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

APR 01 2008

SPRINGFIELD, ILLINOIS

Companion Commercial Insurance Company  
Name of Company*Will Davis*

-Manager, Actuarial Services

Official - Title

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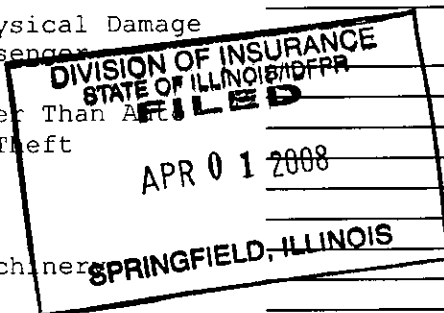
NOV 30 2007

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Form (RF-3)

SUMMARY SHEETChange in Company's premium or rate level produced by rate  
revision effective 1/1/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Automobile		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u>	1,612,659	4.6%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: \_\_\_\_\_Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): The purpose of this filing is to adopt  
NCCI's 1/1/2008 Loss Costs, as well as to increase our loss cost multiplier by  
1.6%

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.Companion Property & Casualty Insurance Company  
Name of CompanyWill Davis

-Manager, Actuarial Services

Official - Title

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**IDFPR (MPC)**  
**DIVISION OF INSURANCE**  
SPRINGFIELD

Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE**  
**SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective

March 1, 2008

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium</u> <u>Volume (Illinois)*</u>	<u>Percent</u> <u>Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	752,605 (CY2006)	4.0%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

To adopt NCCI's 1/1/2008 loss costs

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Crum &amp; Forster Indemnity Company

Name of Company



Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
FILED

MAR 01 2008

SPRINGFIELD, ILLINOIS

**ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET**

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2008

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective

01/01/08

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$7,773,558	6.80%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
exception for class code 6204 Drilling NOC and Drivers rate of \$11.07

All territories, all classes with

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
advisory rates approved in NCCI circular IL-2007-08 at current modification of 1.00.

We are adopting the

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

EMCASCO Insurance Company

Name of Company

*Heidi Samson*

Official - Title

*Assistant Secretary*



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2008

SPRINGFIELD, ILLINOIS

Change in Company's premium or rate level produced by rate revision effective

01/01/08

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$4,375,419	11.20%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
exception for class code 6204 Drilling NOC and Drivers rate of \$11.07

All territories, all classes with

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
advisory rates approved in NCCI circular IL-2007-08 at current modification of 1.00.

We are adopting the

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Employers Mutual Casualty Company  
Name of Company

*Linda Johnson*  
Official - Title

*Asst Secretary*

## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$8,223,225	+3.5%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI's 01/01/08 Loss Costs with a change to the currently filed loss cost multiplier of 1.584 to 1.617.

\*Adjusted to reflect all prior rate changes.

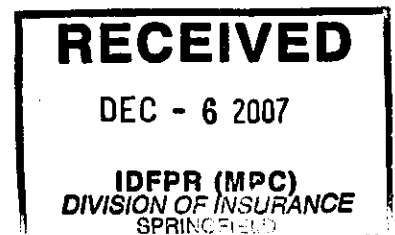
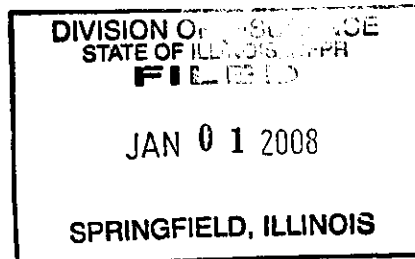
\*\*Change in Company's premium level which will result from application of new rates.

FCCI Insurance Company

Name of Company

Debra J. Comstock, Regulatory Filing Specialist

Official - Title



Form (RF-3)

## SUMMARY SHEET

**RECEIVED**

DEC - 3 2007

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELDChange in Company's premium or rate level produced by rate revision effective -1.4

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>2,313,528</u>	<u>-1.4%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are filing to adopt the 1/1/2008 NCCI loss costs. We are filing to change our loss cost multiplier from 1.435 to 1.388.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Florists' Mutual Insurance  
Company

Name of Company

Danielle Milby, Compliance  
Analyst II

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2008 New & Renewal

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>18.0 Workers' Compensation</u>	49,257	0.3%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

We are adopting NCCI LC outlined in circular IL-2007-08 and revising company loss cost multiplier for both companies.

\*Adjusted to reflect all prior rate changes.

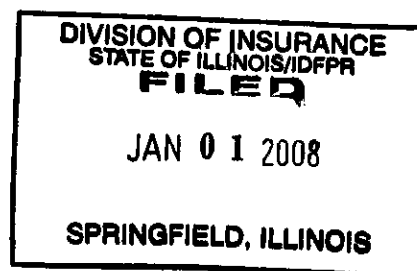
\*\*Change in Company's premium level which will result from application of new rates.

GuideOne Elite Insurance Company

Name of Company

Scott Reddig, Chief Actuary & SVP

Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/2008 New & Renewal

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 Workers' Compensation</u>	1,174,010	0.0%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

We are adopting NCCI LC outlined in circular IL-2007-08 and revising company loss cost multiplier for both companies.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

GuideOne Mutual Insurance Company

Name of Company

Scott Reddig, Chief Actuary & SVP

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2008

SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/08

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$4,383,225	5.10%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
exception for class code 6204 Drilling NOC and Drivers rate of \$11.07

All territories, all classes with

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
advisory rates approved in NCCI circular IL-2007-08 at current modification of 1.00.

We are adopting the

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Illinois Emcasco Insurance Company

Name of Company

*Hinda Samson*

Official - Title

*Assistant Secretary*

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2008

SPRINGFIELD, ILLINOIS

**RECEIVED**

NOV - 9 2007

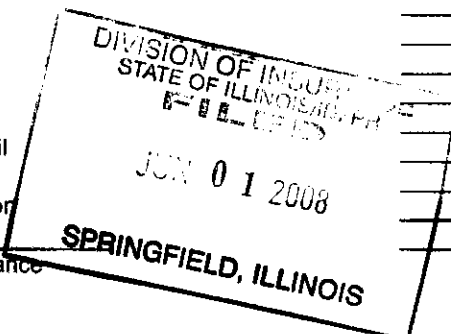
Illinois

## ILLINOIS SUMMARY SHEET

FORM RF-3

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELDChange in Company's premium or rate level produced by rate revision effective 06/01/2008.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance	64,295,117	+ 0.2 %

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) See Filing Memorandum;  
(Adopt 1/1/08 Advisory Rates)

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

INDEMNITY INSURANCE COMPANY of N. AMERICA

Name of Company

Steve Kreider - WC Associate Product Manager

Official - Title

**RECEIVED**

DEC - 4 2007

IDFPR (MFC)  
DIVISION OF INSURANCE  
SPRINGFIELD, ILLINOIS

Illinois

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2008.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$368,797	-2.3%
16. Other		
Line of Insurance		

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JAN 01 2008

SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify \_\_\_\_\_

Brief description of filing (if filing follows rates of an advisory organization, specify organization) \_\_\_\_\_

Adoption of NCCI's Advisory Loss Costs, Miscellaneous Values and Retrospective Rating Plan Manual State Special Rating Values

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Lumbermen's Underwriting Alliance  
Name of CompanyJudy L. Smith - Lead Analyst  
Official — Title



# ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

**January 1, 2008**

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance	829,957	+4.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify

**No**

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

**At this time, the Manufacturers Alliance Insurance Company (NAIC #36897) files to adopt the loss costs approved in NCCI's filing #IL-2007-08 for use against our approved 1.920 LCM.**

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**Manufacturers Alliance Insurance  
Company**

Name of Company

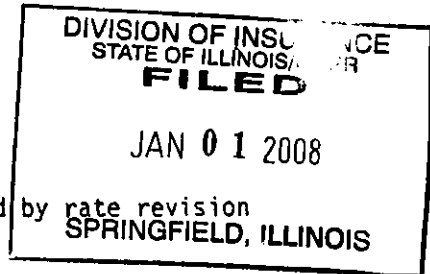
**Linda R. Greer- WC Product Analyst**

Official — Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET



Change in Company's premium or rate level produced by rate revision  
effective January 1, 2008 SPRINGFIELD, ILLINOIS

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger		0.00%
Commercial		0.00%
2. Automobile Physical Damage		
Private Passenger		0.00%
Commercial		0.00%
3. Liability Other Than Auto		0.00%
4. Burglary and Theft		0.00%
5. Glass		0.00%
6. Fidelity		0.00%
7. Surety		0.00%
8. Boiler and Machinery		0.00%
9. Fire		0.00%
10. Extended Coverage		0.00%
11. Inland Marine		0.00%
12. Homeowners		0.00%
13. Commercial Multi-Peril		0.00%
14. Crop Hail		0.00%
15. Other <u>Workers Compensation</u>	<u>\$1,022,453*</u>	<u>4.00%</u>
<u>Life of Insurance</u>		

\*Dec 2006 - Nov 2007

Does filing only apply to certain territory (territories) or certain  
classes? If so, specify: All territories.

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): Adopting NCCI's advisory rates effective 01-2008.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of  
new rates.Midwest Family Mutual Insurance Company

Name of Company

FILEDDawn Young, R&D Analyst

Official--Title

MAR 17 1983

SOS-ISE-CODE UNIT

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	7,647,111	0.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI Loss Costs and revising Company LCM's

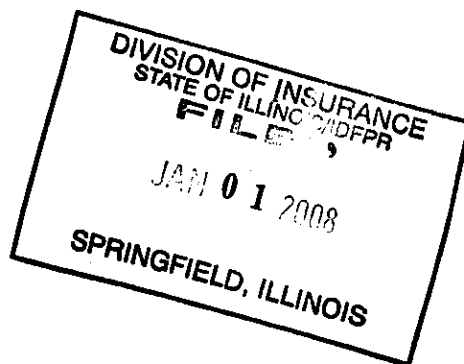
\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

*Corrected*  
*RF 3*

Milwaukee Casualty Ins. Co.  
Name of Company

Jon Zetlau- Bureau/Forms Compliance Manager  
Official - Title



## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$647,532	+3.3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI's 01/01/08 Loss Costs with a change to the currently filed loss cost multiplier of 1.819 to 1.857.

\*Adjusted to reflect all prior rate changes.

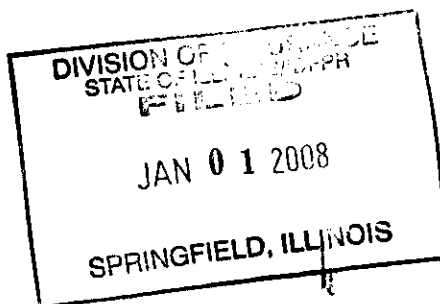
\*\*Change in Company's premium level which will result from application of new rates.

Monroe Guaranty Insurance Company

Name of Company

Debra J. Comstock, Regulatory Filing Specialist

Official - Title



## ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	\$2,754,951	+6.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI's 01/01/08 Loss Costs with a change to the currently filed loss cost multiplier of 1.362 to 1.391.

\*Adjusted to reflect all prior rate changes.

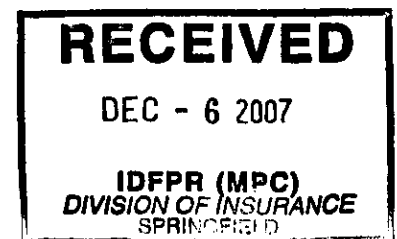
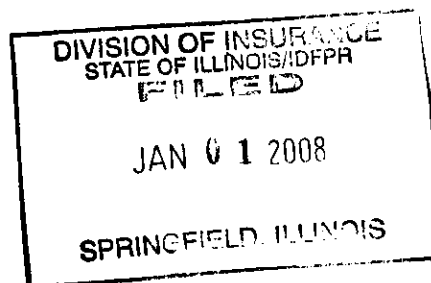
\*\*Change in Company's premium level which will result from application of new rates.

National Trust Insurance Company

Name of Company

Debra J. Comstock, Regulatory Filing Specialist

Official - Title



Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)  
SUMMARY SHEET

**RECEIVED**

JUN 12 2007

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective June 1, 2007.

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private		
Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Comp.</u>	\$12,700,000	(-5%)
Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so, specify: Yes; 7380, 8742, 8810, 8824, 8825, 8826, 8829, 8832, 8833,  
8835, 8868, 9040, 9929

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify organization):

Rate level decrease for all class codes except 9929 remained the same rate as expiring.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

JUN 01 2007

SPRINGFIELD, ILLINOIS

NHRMA Mutual Insurance Company  
Name of Company

Alan Gapinski, CEO

Official - Title

**RECEIVED**

DEC 10 2007

IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2008

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	5,799,719 (CY2006)	4.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
No.Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
To adopt NCCI's 1/1/2008 loss costs

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

The North River Insurance Company

Name of Company

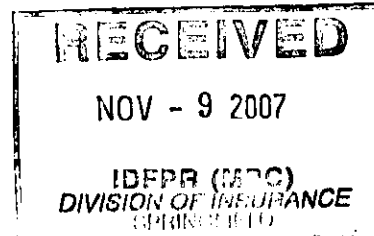


Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS/IDFPR  
**FILED**

MAR 01 2008

SPRINGFIELD, ILLINOIS



Illinois

## ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective 01/01/2008.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	16,473,516	-3.8 %
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify NoBrief description of filing (if filing follows rates of an advisory organization, specify organization) Adopt 1/1/08 Advisory Rates and change Pacific Employers Insurance Company's Deviation from 25% to 20%.

\* Adjusted to reflect all prior rate changes.

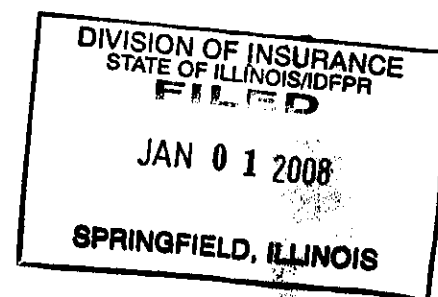
\*\* Change in Company's premium level which will result from application of new rates.

PACIFIC EMPLOYERS INSURANCE COMPANY

Name of Company

Steve Kreider - WC Associate Product Manager

Official — Title





**RECEIVED**

NOV 29 2007

Change in Company's premium or rate level produced by rate revision effective February 1, 2008 New; March 1, 2008 Renewal. **IDEPR (MPC)**  
**DIVISION OF INSURANCE**  
**SPRINGFIELD**

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$45,002,208	+5.6%
Line of Insurance		

**DIVISION OF INSURANCE**  
**STATE OF ILLINOIS/IDEPR**  
**FILED**

FEB 01 2008

SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopt NCCI Rate Revision

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

PEKIN INSURANCE COMPANY

Name of Company

Official - Title

R.M. McGann - Directory of Pricing & Regulatory Filings,  
 Assistant Secretary

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

**January 1, 2008**

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,921,050	+4.0%
16. Other _____		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

**No**

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

**At this time, the Pennsylvania Manufacturers' Association Insurance Company (NAIC #12262) files to adopt the loss costs approved in NCCI's filing #IL-2007-08 for use against our approved 1.540 LCM.**

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**Pennsylvania Manufacturers'  
Association Insurance Company**

Name of Company

Linda R. Greer- WC Product Analyst

Official — Title

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation		
16. Other		
Line of Insurance	51,262	+4.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

**At this time, the Pennsylvania Manufacturers Indemnity Company (NAIC #41424) files to adopt the loss costs approved in NCCI's filing #IL-2007-08 for use against our approved 1.250 LCM.**

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**Pennsylvania Manufacturers Indemnity Company**

Name of Company

Linda R. Greer- WC Product Analyst

Official — Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 2-1-2008

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	2,450,000	3.2%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: All classes

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI Loss Cost Revisions - announced in Circular IL-2007-08.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Pharmacists Mutual Insurance Company  
 Name of Company

Heidi T. Allen - Manager, Rates/Research & Dev  
 Official - Title

 DIVISION OF INSURANCE  
 STATE OF ILLINOIS/IDFPR  
**FILED**

FEB 01 2008

SPRINGFIELD, ILLINOIS

**RECEIVED**

DEC - 4 2007

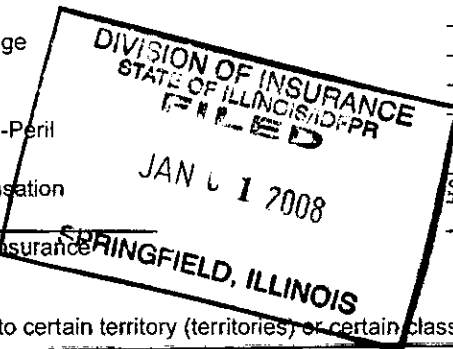
IDFPR (MPC)  
DIVISION OF INSURANCE  
SPRINGFIELD

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$5,444	4.0%
16. Other		



Line of Insurance

Does filing only apply to certain territory (territories) or certain classes? If so, specify NA

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Protective Insurance Company is a member of NCCI. We wish to adopt the approved advisory rates referenced in NCCI Circular IL-2007-08.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Protective Insurance Company

Name of Company

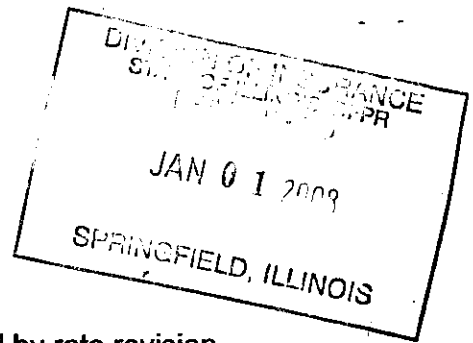
Jeremy Jaynes - Compliance Analyst

Official — Title

**Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

**FORM (RF-3)**

**SUMMARY SHEET**



Change in Company's premium or rate level produced by rate revision  
effective 1-1-2008

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damag Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other WORKERS COMPENSATION	137241	+1.89%
Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: NO

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

ADOPTION OF APPROVED 1-1-2008  
NCCI LOSS COSTS. WE ARE RETAINING THE CURRENT LCM OF 1.35

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

TRIANGLE INSURANCE COMPANY

Name of Company

BRET WILSON, MANAGER COMPLIANCE

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 1/01/2008

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>10,015,565</u>	<u>+4.8</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: \_\_\_\_\_

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): \_\_\_\_\_

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

SECURA Insurance, A Mutual Company  
Name of Company

Daniel P. Ferris - official  
Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective ~~3.00%~~ 3-1-08

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		0.0%
2. Automobile Physical Damage Private Passenger Commercial		0.0%
3. Liability Other Than Auto		0.0%
4. Burglary and Theft		0.0%
5. Glass		0.0%
6. Fidelity		0.0%
7. Surety		0.0%
8. Boiler and Machinery		0.0%
9. Fire		0.0%
10. Extended Coverage		0.0%
11. Inland Marine		0.0%
12. Homeowners		0.0%
13. Commercial Multi-Peril		0.0%
14. Crop Hail		0.0%
15. Other wc	1,763,053	3.70%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting the NCCI 1/1/2008 rates with exceptions for 8 classifications which we are filing final rates. The deviations used to obtain the final rates are the same as previously approved by your department.

\*Adjusted to reflect all prior rate changes.

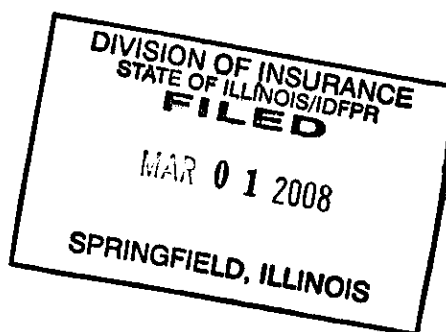
\*\*Change in Company's premium level which will result from application of new rates.

Star Insurance Company

Name of Company

Compliance Analyst

Official - Title





**RECEIVED**

DEC 10 2007

IDFPR (MPC)

DIVISION OF INSURANCE

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

March 1, 2008

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	5,638,784 (CY2006)	4.0%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

To adopt NCCI's 1/1/2008 loss costs

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

United States Fire Insurance Company

Name of Company

*Ruth A. Overholser*

Official - Title

DIVISION OF INSURANCE  
STATE OF ILLINOIS  
FILED

MAR 01 2008

SPRINGFIELD, ILLINOIS

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 1/1/08

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Worker's Compensation</u>	\$3,648,090	1.6%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): \_\_\_\_\_

We are filing to adopt loss costs effective 1/1/08.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

XL Specialty Insurance Company

Name of Company

Boyd Adams-Assistant Vice President

Official - Title

